

FOR LINE NUMBER:
(check only one)

	17		18		19a		19b
X	20a		20b		20c		21

Friends of Nan Hayworth

A. CAROLE E. KLANG

Date of Disbursement

Amount of Each Disbursement this Period

1000.00

Category/
Type

Transaction ID : SB20A.I1999

REFUND OF OVERLIMIT CONTRIBUTION

Full Name (Last, First, Middle Initial)

Date of Disbursement

City _____ State _____ Zip Code _____

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify)	
	<input type="checkbox"/> President			

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
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Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify)	
	<input type="checkbox"/> President			

State: District:

1000.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1000.00